

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS AA (AMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Facility Information**

**Facility Name:** SAFE HAVEN ADULT CARE (0009810)

**Address:** 5363 N 37TH ST, MILWAUKEE, WI 53209

**License Status:** REGULAR

**Licensed/Certified/Registered** 10/01/2003

**Regional Office:** SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History**

**Survey ID:** 0096175      **End Date:** 12/19/2005      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009126    Served 02/07/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL		
83.14(1)(a)	CLIENT RELATED TRAINING		
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING		
83.14(7)(b)	CONTINUING EDUCATION		
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY		
83.32(1)(a)	ASSESSMENT AND ISP		
83.32(3)	SIGNING ASSESSMENT AND ISP		
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE		
83.41(10)(a)	BUILDING MAINTENANCE		
83.42(3)(e)	QUARTERLY FIRE DRILLS		
83.43(3)(b)1	TESTING BY SERVICE COMPANY		
83.53(1)(a)	NUMBER & TYPES OF EXITS & PASSAGEWAYS		

**Survey ID:** 0094891      **End Date:** 05/17/2005      **Type:** OTHER      **Purpose:** DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0094493      End Date: 03/30/2005      Type: OTHER      Purpose: DESK REVIEW**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009089    Served 04/13/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS	04/30/2005	Yes

**Survey ID: 0091302      End Date: 09/23/2003      Type: STANDARD      Purpose: SURVEY**

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10008916    Served 11/04/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.51(3)(a)	SMOKE SEPARATION	12/12/2005	Yes

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**Enforcement History**

**Date: 01/12/2006      SOD #10009126      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---83.14(1)(a)  
FORFEITURE---83.14(1)(d)  
FORFEITURE---83.14(7)(b)  
FORFEITURE---83.19(3)(e)  
FORFEITURE---83.42(3)(e)  
FORFEITURE---83.43(3)(b)

**Date: 04/01/2005      SOD #10009089      Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT

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**Complaint History**

**Date Complaint Received: 10/04/2005**

**Date Investigation Completed: 12/19/2005**

Subject Area(s)

ADMISSION, TRANSFER & DISCHARGE

Result

NOT SUBSTANTIATED

SOD #

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